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					tor Warn	Warren Stuart Crippen							
	Effective 10/01/2004. Patent fees are subject to annual revision.								David E. Graybii :				
Applicant claims	Applicant claims small entity status. See 37 CFR 1.27						2827		-				
TOTAL AMOUNT	TOTAL AMOUNT OF PAYMENT (5) 430.00						Art Unit 2827 Attorney Docket No. 42P12659						
METHOD OF	PAYMENT (check all	that apply)		- Autor					cotion and				
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Signature	/an N. Nguy			nmerc/A		~~,65		Date	November 24.	2004			
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatily is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed applications form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10073859			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
	FOR NUMBER FILED			NUMBE	R EXTRA	RATE	FEE		RATE	FEE		
		BASIC FEE (37 CFR 1.16(8))						s	OR		s	
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S	• 16 11	ne difference in c	column 1 is less tha	ın zero, en	ter "0" in column :	TOTAL		OR	TOTAL			
	* If the difference in column 1 is less than zero, enter *0* in column 2. CLAIMS AS AMENDED – PART II										a	
	20	PLSPONSE (Column 1) (Column 2) (Column 3)				SMALL E	ENTITY	OR	OTHER SMALL			
BEST AVAILABLE COPY	٨	11-24-04	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- 1 KNAL FEE		RATE	ADDI- TIONAL FEE	
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ļ	O ;- C		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

""If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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